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Fill	in this informa	tion to identify y	our case and th	nis filinç	g:					
Deb	tor 1	Austin Valenti	ne							
		First Name	Middle	e Name		Last Name				
	tor 2 use, if filing)	First Name	Middle	e Name		Last Name		_		
Unit	ed States Bank	ruptcy Court for th	e: DISTRICT	OF MAI	RYLAND					
		, ,						_		
Cas	e number									Check if this is an amended filing
)ft	ficial Forn	m 106A/B								
30	hedule	A/B: Pro	perty							12/15
	No. Go to Part 2 Yes. Where is the		table interest in a	ny resid	lence, building	g, land, or similar prope	rty?			
1.1	12 Cloverwo	ood Ct. vailable, or other descrip	otion	What	Single-family Duplex or mu	ty? Check all that apply home ulti-unit building n or cooperative	the a	amount of any sec	ured clai	or exemptions. Put ms on Schedule D: coured by Property.
	_				Manufacture	d or mobile home	Curi	rent value of the	Cu	rrent value of the
	Essex		21221-0000				entii	re property?	•	rtion you own?
	City	State	ZIP Code		Investment p	roperty		\$71,000.00 \$71,000		
					Other					wnership interest by the entireties, or
				Who	has an interes	st in the property? Check	one a life	e estate), if know	n.	
	Daltiman			_	Debtor 1 only					
	Baltimore									
	County					Debtor 2 only		Check if this is	commun	ity property
						of the debtors and anothe you wish to add about the tion number:		(see instructions) h as local		

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

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Deb	otor 1 Austin Valenti	ne		Case number (if known)	
3. C	Cars, vans, trucks, tractor	s, sport utility ve	hicles, motorcycles		
] No				
	Yes				
3.1	Make: Saturn Model: Ion Year: 2004 Approximate mileage: Other information:	185000	Who has an interest in the property? Check one ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another	the amount of any	portion you own?
			☐ Check if this is community property (see instructions)	\$250	J.00 \$250.00
	xamples: Boats, trailers, m I No I Yes	otors, personal wa	tercraft, fishing vessels, snowmobiles, motorcy	cle accessories	
			n for all of your entries from Part 2, includin		\$250.00
	t3: Describe Your Persona you own or have any leg		ems terest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	lousehold goods and fur Examples: Major appliance ☑ No ■ Yes. Describe		, china, kitchenware		
		Bedroom Set; L	iving Room Set; misc. tables, chairs, d	esks, lamps	\$400.00
	including cell pl ☐ No ☐ Yes. Describe	nones, cameras, m	eo, stereo, and digital equipment; computers, p nedia players, games	rinters, scanners; music c	
		Cell phone, con	nputer, 2TVs		\$300.00
E		gurines; paintings, s, memorabilia, co	prints, or other artwork; books, pictures, or othe llectibles	er art objects; stamp, coin	, or baseball card collections;
E	Equipment for sports and Examples: Sports, photogrous musical instrum No Yes. Describe	aphic, exercise, ar	nd other hobby equipment; bicycles, pool tables	s, golf clubs, skis; canoes	and kayaks; carpentry tools;
10.	Firearms	shotguns, ammuni	tion, and related equipment		

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De	ebtor 1	Austin Valer	ntine	Case number (if known)	
	☐ Yes.	. Describe			
	□ No		othes, furs, leather coats, desi	igner wear, shoes, accessories	
			4 seasons of clothing		\$350.00
	■ No		welry, costume jewelry, engag	gement rings, wedding rings, heirloom jewelry, watches, gems,	gold, silver
	Exam _i ■ No	arm animals aples: Dogs, cats, l	birds, horses		
14.	Any of			not already list, including any health aids you did not list	
15			•	art 3, including any entries for pages you have attached	\$1,050.00
		escribe Your Finan wn or have any le	cial Assets egal or equitable interest in a	any of the following?	Current value of the
					portion you own? Do not deduct secured claims or exemptions.
16.	□ No			me, in a safe deposit box, and on hand when you file your petit	Do not deduct secured claims or exemptions.
16.	Exam _l □ No		have in your wallet, in your hor		Do not deduct secured claims or exemptions.
17.	Exam _i ☐ No ■ Yes. Depos	sits of money	avings, or other financial acco		Do not deduct secured claims or exemptions. ion \$75.00
16.	Exam _i □ No ■ Yes. Depose Exam _i □ No	sits of money	avings, or other financial acco	Cash unts; certificates of deposit; shares in credit unions, brokerage	Do not deduct secured claims or exemptions. ion \$75.00
16.	Exam _i □ No ■ Yes. Depose Exam _i □ No	sits of money ples: Checking, sa institutions.	avings, or other financial acco	Cash unts; certificates of deposit; shares in credit unions, brokerage with the same institution, list each.	Do not deduct secured claims or exemptions. ion \$75.00
17.	Exam _i No Yes. Depose Exam _i No Yes.	sits of money ples: Checking, so institutions.	avings, or other financial according to the financial according to the financial according accounts according to the financial according according to	Cash unts; certificates of deposit; shares in credit unions, brokerage with the same institution, list each. Institution name:	Do not deduct secured claims or exemptions. ion \$75.00 houses, and other similar
17.	Exam _i □ No ■ Yes. Depos Exam _i □ No ■ Yes. Bonds Exam _i ■ No	sits of money ples: Checking, so institutions.	avings, or other financial according to the financial according to the financial according accounts according to the financial according according to	unts; certificates of deposit; shares in credit unions, brokerage with the same institution, list each. Institution name: Capital One Bank kerage firms, money market accounts	Do not deduct secured claims or exemptions. ion \$75.00 houses, and other similar
17.	Exam _i No Yes. Depose Exam _i No Yes. Bonds Exam _i No Yes. Non-pi	sits of money ples: Checking, sinstitutions. institutions. s, mutual funds, iples: Bond funds,	avings, or other financial according to the financial accounts are multiple accounts as a second or publicly traded stocks investment accounts with brown accounts with account with a count w	unts; certificates of deposit; shares in credit unions, brokerage with the same institution, list each. Institution name: Capital One Bank kerage firms, money market accounts	Do not deduct secured claims or exemptions. \$75.00 houses, and other similar \$47.21

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De	ebtor 1 Au	ustin Valentine		C	ase number <i>(if known)</i>	
20.	Negotiable	nt and corporate bonds and instruments include personal iable instruments are those you	checks, cashiers' checks,	promissory notes, and mon		
	☐ Yes. Give	specific information about the Issuer name				
	Examples: No	or pension accounts Interests in IRA, ERISA, Keog	gh, 401(k), 403(b), thrift sav	rings accounts, or other per	nsion or profit-sharing pla	าร
	Li res. List	each account separately. Type of accou	nt: Institution	on name:		
22.	Your share	posits and prepayments of all unused deposits you ha Agreements with landlords, p				, or others
	☐ Yes		Institution	on name or individual:		
23.	Annuities (A contract for a periodic paym	nent of money to you, eithe	r for life or for a number of y	years)	
	☐ Yes	Issuer name and de	escription.			
24.	26 U.S.C. §§	an education IRA, in an acc § 530(b)(1), 529A(b), and 529		program, or under a qual	ified state tuition progra	ım.
	■ No □ Yes	Institution name an	d description. Separately fi	le the records of any interes	sts.11 U.S.C. § 521(c):	
	■ No	itable or future interests in		thing listed in line 1), and	rights or powers exerci	sable for your benefit
26.		pyrights, trademarks, trade Internet domain names, webs			s	
		e specific information about th	em			
27.	Examples:	ranchises, and other genera Building permits, exclusive lic		ation holdings, liquor license	es, professional licenses	
	■ No □ Yes. Give	e specific information about th	em			
M	oney or prop	erty owed to you?				Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax refund	s owed to you				
	Yes. Give	specific information about the	em, including whether you	already filed the returns and	d the tax years	
					I	
			2018 Tax Refund		Federal	\$2,000.00
	■ No	port Past due or lump sum alimon specific information	y, spousal support, child su	upport, maintenance, divorc	e settlement, property set	itlement

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De	ebtor 1	Austin Valentine	Case number (if known)	
	Examp	mounts someone owes you les: Unpaid wages, disability insurance payments, disability benefits, benefits; unpaid loans you made to someone else	sick pay, vacation pay, workers' compet	nsation, Social Security
	■ No □ Yes.	Give specific information		
		es in insurance policies les: Health, disability, or life insurance; health savings account (HSA)); credit, homeowner's, or renter's insurar	nce
		Name the insurance company of each policy and list its value. Company name:	Beneficiary:	Surrender or refund value:
	If you a	erest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insurance has died.	nce policy, or are currently entitled to reco	eive property because
	☐ Yes.	Give specific information		
	Example ■ No	against third parties, whether or not you have filed a lawsuit or les: Accidents, employment disputes, insurance claims, or rights to s Describe each claim		
	■ No	ontingent and unliquidated claims of every nature, including co Describe each claim	unterclaims of the debtor and rights to	set off claims
	■ No	ancial assets you did not already list Give specific information		
36		ne dollar value of all of your entries from Part 4, including any er rt 4. Write that number here	. •	\$2,122.21
Pa	rt 5: Des	cribe Any Business-Related Property You Own or Have an Interest In. Li	st any real estate in Part 1.	
37.	Do you o	wn or have any legal or equitable interest in any business-related proper	ty?	
	■ No. Go ☐ Yes. G	to Part 6. o to line 38.		
Pa		scribe Any Farm- and Commercial Fishing-Related Property You Own or bou own or have an interest in farmland, list it in Part 1.	Have an Interest In.	
46.	■ No. (own or have any legal or equitable interest in any farm- or commod to Part 7. Go to line 47.	mercial fishing-related property?	
Pa	rt 7:	Describe All Property You Own or Have an Interest in That You Did Not	List Above	
		have other property of any kind you did not already list? les: Season tickets, country club membership		
	☐ Yes. 0	Give specific information		
54	Add th	ne dollar value of all of your entries from Part 7. Write that numb	er here	\$0.00

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Debtor	1 Austin Valentine			Case number (if known)	
Part 8:	List the Totals of Each Part of this Form				
55. Pa	rt 1: Total real estate, line 2				\$71,000.00
56. Pa	rt 2: Total vehicles, line 5		\$250.00		
57. Pa	rt 3: Total personal and household items, line 15		\$1,050.00		
58. Pa	rt 4: Total financial assets, line 36		\$2,122.21		
59. Pa	rt 5: Total business-related property, line 45		\$0.00		
60. Pa	rt 6: Total farm- and fishing-related property, line 52		\$0.00		
61. Pa	rt 7: Total other property not listed, line 54	+	\$0.00		
62. To	otal personal property. Add lines 56 through 61		\$3,422.21	Copy personal property total	\$3,422.21
63. To	otal of all property on Schedule A/B. Add line 55 + line 62				\$74,422.21

	Case	19-24891	Doc 19	Filed 11/25/19	Page 7 of 23	
Fill in this infor	mation to identify your	case:				
Debtor 1	Austin Valentine					
Debtor 2 (Spouse if, filing)	First Name	Middle Nam		Last Name		
	ankruptcy Court for the:	DISTRICT OF				
Case number _ (if known)						☐ Check if this is an amended filing
Official Fo		operty \	∕ou Cla	im as Exem	pt	4/19
the property you	listed on <i>Schedule A/B: F</i> nd attach to this page as	Property (Official	Form 106A/B)	as your source, list the pr	roperty that you claim	olying correct information. Using as exempt. If more space is onal pages, write your name and
specific dollar a any applicable s funds—may be i exemption to a p	mount as exempt. Alter statutory limit. Some exc unlimited in dollar amou	natively, you m emptions—suc unt. However, it	ay claim the f h as those for you claim an	ull fair market value of t health aids, rights to re exemption of 100% of f	he property being ex eceive certain benefi air market value und	vay of doing so is to state a kempted up to the amount of ts, and tax-exempt retirement der a law that limits the r exemption would be limited
Part 1: Identi	ify the Property You Cla	im as Exempt				
1. Which set o	of exemptions are you c	laiming? Check	one only, eve	n if your spouse is filing w	rith you.	
You are c						

 \square You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
2004 Saturn Ion 185000 miles Line from Schedule A/B: 3.1	\$250.00		\$250.00	Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(5)
Ellio Holli Goriodale 772. GT			100% of fair market value, up to any applicable statutory limit	
Bedroom Set; Living Room Set; misc. tables, chairs, desks, lamps	\$400.00		\$400.00	Md. Code Ann., Cts. & Jud Proc. § 11-504(b)(4)
ine from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	110013 11 004(2)(4)
Cell phone, computer, 2TVs	\$300.00		\$300.00	Md. Code Ann., Cts. & Jud Proc. § 11-504(b)(4)
Ellio Holli Goriodalo 772. FFT			100% of fair market value, up to any applicable statutory limit	110013 11 004(2)(4)
4 seasons of clothing Line from Schedule A/B: 11.1	\$350.00		\$350.00	Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(5)
Ellio Holli Goriodale 772.			100% of fair market value, up to any applicable statutory limit	110013 11 00 ((2)(0)
Cash Line from Schedule A/B: 16.1	\$75.00	•	\$75.00	Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(5)
Enternal Solitodale (V.D. 1911			100% of fair market value, up to any applicable statutory limit	

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Deb	tor 1 Austin Valentine			Case number (if known)	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Chec	ck only one box for each exemption.	
	Checking: Capital One Bank Line from Schedule A/B: 17.1	\$47.21		\$47.21	Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(5)
	Line nom Schedule AVD. 17.1			100% of fair market value, up to any applicable statutory limit	P100. § 11-304(b)(3)
	Federal: 2018 Tax Refund Line from Schedule A/B: 28.1	\$2,000.00		\$2,000.00	Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(5)
	Line nom Schedule AVB. 20.1			100% of fair market value, up to any applicable statutory limit	1100. § 11-304(5)(0)
	Are you claiming a homestead exemption (Subject to adjustment on 4/01/22 and every No Yes. Did you acquire the property cover No Yes	3 years after that for ca	ases fil	·	,

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					<u></u>	
Fill in this informat	tion to identify you	r case:				
Debtor 1	Austin Valentine)				
-	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bankr	ruptcy Court for the:	DISTRICT OF MARYLAND				
Case number					□ Chook	if this is an
(ii kilowii)						led filing
Official Forms	10CD					_
Official Form		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
Schedule D	: Creditors	Who Have Claims S	secured	by Property	<u>/</u>	12/15
		f two married people are filing togethe out, number the entries, and attach it to				
1. Do any creditors ha	ve claims secured by	your property?				
☐ No. Check th	is box and submit th	is form to the court with your other	schedules. You	u have nothing else to	report on this form.	
Yes. Fill in al	I of the information b	pelow.				
Part 1: List All S	Secured Claims					
2. List all secured cla	ims. If a creditor has n	nore than one secured claim, list the cred	litor separately	Column A	Column B	Column C
for each claim. If more	than one creditor has	a particular claim, list the other creditors all order according to the creditor's name	in Part 2. As	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
Rosedale Fe		Describe the property that secures the	o claim:	\$93,000.00	\$71,000.00	\$22,000.00
Creditor's Name	.oan	12 Cloverwood Ct. Essex, MI				
		Baltimore County	J 21221			
9616 Belair		As of the date you file, the claim is: C apply.	Check all that			
Nottingham	, MD 21236	☐ Contingent				
Number, Street, Cit	ty, State & Zip Code	Unliquidated				
Who owes the debt	3 Oh I	Disputed				
_	r Check one.	Nature of lien. Check all that apply.		rad		
■ Debtor 1 only			lortgage or secu	red		
☐ Debtor 2 only ☐ Debtor 1 and Debtor	Oh	Chattatan Ban (assah an has Ban an an	h i - l l l			
At least one of the		☐ Statutory lien (such as tax lien, med ☐ Judgment lien from a lawsuit	nanic's lien)			
☐ Check if this clain		☐ Other (including a right to offset)				
community debt	ii rolatoo to a	— Other (modding a right to onset)				
Date debt was incurre	ed	Last 4 digits of account numb	er			
Add the dollar value	e of your entries in Co	olumn A on this page. Write that numb	er here:	\$93,00	0.00	
If this is the last page		he dollar value totals from all pages.		\$93,00	0.00	
Part 2: List Other	s to Be Notified for	r a Doht That You Already Listed				

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

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				•	_	
Fill in this	information to identify your	case:				
Debtor 1	Austin Valentine				7	
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, filir	ng) First Name	Middle Name	Last Name			
United Sta	tes Bankruptcy Court for the:	DISTRICT OF MAI	RYLAND			
Case numl	ber				_	eck if this is an ended filing
Schedu	Form 106E/F Ile E/F: Creditors V					12/15
any executo Schedule G: Schedule D: left. Attach t name and ca	lete and accurate as possible. Using contracts or unexpired leases Executory Contracts and Unexported to the Continuation Page to this pages number (if known).	s that could result in a bired Leases (Official F cured by Property. If m ge. If you have no infor	claim. Also list executory of orm 106G). Do not include ore space is needed, copy	contracts on Schedule A/B: any creditors with partially the Part you need, fill it out,	Property (Official secured claims the number the entri	Form 106A/B) and on nat are listed in les in the boxes on the
	List All of Your PRIORITY U					
•	creditors have priority unsecure	ed claims against you?				
No.	Go to Part 2.					
☐ Yes.						
Part 2:	List All of Your NONPRIORI	TV Unacquired Claim	•			
	creditors have nonpriority unse					
∐ No.	You have nothing to report in this p	part. Submit this form to	the court with your other sche	edules.		
Yes.						
unsecui	of your nonpriority unsecured c red claim, list the creditor separate e creditor holds a particular claim,	ly for each claim. For ea	ch claim listed, identify what t	type of claim it is. Do not list c	laims already inclu	ded in Part 1. If more
						Total claim
4.1 Ba	ank of America	Last 4	digits of account number	5758		\$2,891.00
No	npriority Creditor's Name D Box 982238		was the debt incurred?	2015-2019	_	
	Paso, TX 79998-2235					
	mber Street City State Zip Code		he date you file, the claim	is: Check all that apply		
	no incurred the debt? Check one					
	Debtor 1 only		ntingent			
	Debtor 2 only		iquidated			
_	Debtor 1 and Debtor 2 only	☐ Dis		Lateta.		
	At least one of the debtors and ar		of NONPRIORITY unsecured	d claim:		
□ del	Check if this claim is for a com	munity	dent loans			
	the claim subject to offset?	∟ Ob	igations arising out of a sepa as priority claims	ration agreement or divorce t	nat you did not	
	No			g plans, and other similar deb	ots	
	Yes		er. Specify Credit Card			
	100	■ Oth	er. Specify	•		

Debtor 1 Austin Valentine		Case number (if known)				
4.2	Best Buy/CBNA	Last 4 digits of account number	9550	\$1,909.00		
	Nonpriority Creditor's Name 701 East 60th St.	When was the debt incurred?	2013-2019			
	Sioux Falls, SD 57104 Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply			
	Who incurred the debt? Check one.	•				
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt		ration agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims				
	No	Debts to pension or profit-sharing	g plans, and other similar debts			
	Yes	Other. Specify Credit Card	<u> </u>			
4.3	Capital One	Last 4 digits of account number	3691	\$0.00		
	Nonpriority Creditor's Name P.O. Box 30285	When were the debt incomed?	2007-2019			
	Salt Lake City, UT 84130-0285	When was the debt incurred?	2007-2019			
	Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply			
	Who incurred the debt? Check one.					
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured				
	☐ Check if this claim is for a community	☐ Student loans				
	debt		ration agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims				
	No	☐ Debts to pension or profit-sharin				
	Yes	Other. Specify Credit Card	<u> </u>			
4.4	Capital One Bank, N.A.	Last 4 digits of account number	0054	\$269.00		
	Nonpriority Creditor's Name P.O. Box 30281	When was the debt incurred?	2005-2019			
	Salt Lake City, UT 84130-0281	mon was the dest meaned.	2000 2010			
	Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply			
	Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured				
	☐ Check if this claim is for a community	☐ Student loans				
	debt	Obligations arising out of a sepa				
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharin	a plane, and other similar debte			
	■ No					
	☐ Yes	■ Other. Specify Credit Card	I			

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Debto	1 Austin Valentine		Case number (if known)				
4.5	Cavalry Portfolio Services	Last 4 digits of account number	9612	\$3,730.00			
	Nonpriority Creditor's Name 500 Summit Lake Drive Valhalla, NY 10595	When was the debt incurred?	2019				
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply				
	Who incurred the debt? Check one.						
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	☐ Check if this claim is for a community	Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts				
	Yes	Other. Specify Collections	3				
4.6	Citi Cards/Citibank	Last 4 digits of account number	6289	\$0.00			
	Nonpriority Creditor's Name Citibank Customer Service PO Box 6500	When was the debt incurred?	1999				
	Sioux Falls, SD 57117 Number Street City State Zip Code	_ As of the date you file, the claim	is: Check all that apply				
	Who incurred the debt? Check one.	, ,	or chock an that apply				
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
	No	Debts to pension or profit-sharing	ng plans, and other similar debts				
	Yes	Other. Specify Credit Card	1				
	Council of Unit Owners of						
4.7	Waterford Land	Last 4 digits of account number		\$10,001.00			
	Nonpriority Creditor's Name 17000 Dallas Parkway #204 Dallas, TX 75248	When was the debt incurred?					
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply				
	Who incurred the debt? Check one.						
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	\square At least one of the debtors and another	d claim:					
	☐ Check if this claim is for a community	·					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts				
	Yes	■ Other. Specify Baltimore (rood Ct. Essex, MD 21221 County				

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Debto	r 1 Austin Valentine	Case number (if known)							
4.8	Credit One Bank	Last 4 digits of account number	3787	\$224.00					
	Nonpriority Creditor's Name PO Box 98875	When was the debt incurred?	2019						
	Las Vegas, NV 89193-8872	when was the debt incurred:	2013						
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply						
	Who incurred the debt? Check one.								
	Debtor 1 only	☐ Contingent							
	☐ Debtor 2 only	☐ Unliquidated							
	☐ Debtor 1 and Debtor 2 only	☐ Disputed							
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:						
	☐ Check if this claim is for a community	☐ Student loans							
	debt	☐ Obligations arising out of a sepa	ration agreement or divorce that you did not						
	Is the claim subject to offset?	report as priority claims							
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts						
	Yes	Other. Specify Credit Card	<u> </u>						
4.9	JPMCB Card	Last 4 digits of account number	0375	\$237.00					
	Nonpriority Creditor's Name		0040 0040						
	PO Box 15369 Wilmington, DE 19850	When was the debt incurred?	2010-2019						
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply						
	Who incurred the debt? Check one.	•							
	■ Debtor 1 only	☐ Contingent							
	Debtor 2 only	☐ Unliquidated							
	Debtor 1 and Debtor 2 only	□ Disputed							
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans							
	☐ Check if this claim is for a community								
	debt	☐ Obligations arising out of a sepa							
	Is the claim subject to offset?	report as priority claims							
	■ No	Debts to pension or profit-sharing							
	Yes	Other. Specify Credit Card	<u> </u>						
4.1	Kay Jewelers		4244	\$0.00					
0	Nonpriority Creditor's Name	Last 4 digits of account number		φυ.υυ					
	PO Box 4485 Beaverton, OR 97076	When was the debt incurred?	2013						
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply						
	Who incurred the debt? Check one.								
	Debtor 1 only	☐ Contingent							
	Debtor 2 only	☐ Unliquidated ☐ Disputed							
	☐ Debtor 1 and Debtor 2 only								
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:						
	☐ Check if this claim is for a community	☐ Student loans							
	debt	Obligations arising out of a sepa	ration agreement or divorce that you did not						
	Is the claim subject to offset?	report as priority claims							
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts						
	☐ Yes	Other. Specify Credit Card	l						

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Debtor	1 Austin Valentine	Case number (if known)							
4.1 1	Kohl's	Last 4 digits of account number	9929	\$1,261.00					
	Nonpriority Creditor's Name PO Box 2983	When was the debt incurred?	2011-2019						
	Milwaukee, WI 53201-2983 Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply						
	Who incurred the debt? Check one.	•							
	■ Debtor 1 only	☐ Contingent							
	☐ Debtor 2 only	☐ Unliquidated							
	☐ Debtor 1 and Debtor 2 only	☐ Disputed							
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:						
	☐ Check if this claim is for a community	☐ Student loans	☐ Student loans						
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not						
	■ No	Debts to pension or profit-sharing	☐ Debts to pension or profit-sharing plans, and other similar debts						
	Yes	Other. Specify Credit Card	<u> </u>						
4.1	Macy's/DSNB	Last 4 digits of account number	7560	\$287.00					
	Nonpriority Creditor's Name								
	PO Box 8218 Mason, OH 45040	When was the debt incurred?	2010-2019						
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply						
	Who incurred the debt? Check one.								
	■ Debtor 1 only	☐ Contingent							
	☐ Debtor 2 only								
	☐ Debtor 1 and Debtor 2 only	☐ Disputed							
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim: Student loans							
	\square Check if this claim is for a community								
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims							
	No	□ Debts to pension or profit-sharing plans, and other similar debts							
	Yes	■ Other. Specify Credit Card							
4.1									
3	Navient	Last 4 digits of account number	2007	\$6,134.00					
	Nonpriority Creditor's Name PO Box 9655 Wilkes Barre, PA 18773-9655	When was the debt incurred?	2007						
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply						
	Who incurred the debt? Check one.								
	■ Debtor 1 only	☐ Contingent							
	☐ Debtor 2 only	☐ Unliquidated							
	☐ Debtor 1 and Debtor 2 only	☐ Disputed							
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:						
	☐ Check if this claim is for a community	Student loans							
	debt	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not						
	Is the claim subject to offset?	g plans, and other similar debts							
	■ No		g pians, and other similar debts						
	Yes	Other. Specify							
		Student Lo	an						

Debtor	1 Austin Valentine	Case number (if known)						
4.1	PHEAA/Fed Loan Service	Last 4 digits of account number	OFDO	\$20,091.00				
	Nonpriority Creditor's Name PO Box 60610	When was the debt incurred?	2013					
	Harrisburg, PA 17106 Number Street City State Zip Code	As of the date you file, the claim i						
	Who incurred the debt? Check one. Debtor 1 only	☐ Contingent						
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim:						
	☐ Check if this claim is for a community debt Is the claim subject to offset?	Student loansObligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not					
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts					
	□Yes	☐ Other. Specify						
	_ 135	Student Lo	an					
44								
4.1 5	Portfolio Recovery	Last 4 digits of account number	7112	\$2,409.00				
	Nonpriority Creditor's Name 120 Corporate Blvd. Suite 100	When was the debt incurred?	2019					
	Norfolk, VA 23502 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply					
	■ Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:					
	☐ Check if this claim is for a community	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims						
	debt Is the claim subject to offset?							
	No	Debts to pension or profit-sharin						
	Yes	Other. Specify Collections						
4.1 6	SECU Nonpriority Creditor's Name	Last 4 digits of account number	1035	\$2,983.00				
	971 Corporate Blvd. Linthicum Heights, MD 21090	When was the debt incurred?	2012					
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply					
	■ Debtor 1 only	☐ Contingent						
	☐ Debtor 2 only	☐ Unliquidated ☐ Disputed						
	☐ Debtor 1 and Debtor 2 only							
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:					
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not					
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts					
	Yes	Other. Specify Credit Card						

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Debtor	1 Austin Valentine		Case number (if known)	
4.1 7	SYNCB/HAVERTYS	Last 4 digits of account number	0906	\$0.00
	Nonpriority Creditor's Name PO Box 965036	When was the debt incurred?	2004	
	Orlando, FL 32896-5036 Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply	
	Who incurred the debt? Check one.	, 10 0. 11.0 44.0 , 04.11.0 , 11.0 0.11.11.1	er enook all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	_	_ '		
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured	d claim:	
	At least one of the debtors and another	Student loans	delain.	
	Check if this claim is for a community debt	☐ Obligations arising out of a sepa	aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	☐ Debts to pension or profit-sharin		
	Yes	Other. Specify Credit Card	<u> </u>	
4.1 8	SYNCB/LOWES	Last 4 digits of account number	1921	\$787.00
	Nonpriority Creditor's Name PO Box 965005	When was the debt incurred?	2015	
	Orlando, FL 32896 Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply	
	Who incurred the debt? Check one.	,	one on all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	Check if this claim is for a community	☐ Student loans		
	debt	☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	<u> </u>	
4.1	SYNCB/SLEEPYS			\$0.00
9	Nonpriority Creditor's Name	Last 4 digits of account number		Ψ0.00
	PO Box 9650 Orlando, FL 32896	When was the debt incurred?		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	■ Other. Specify Credit Card		

Part 3: List Others to Be Notified About a Debt That You Already Listed

Part 4: Add the Amounts for Each Type of Unsecured Claim

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Debtor 1 Austin Valentine

Case number (if known)

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
Total	6a.	Domestic support obligations	6a.	\$ 0.00
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
Total	6f.	Student loans	6f.	\$ 26,225.00
claims rom Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 26,988.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 53,213.00

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Fill in this inform				
Debtor 1	Austin Valentine			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		DISTRICT OF MARYLAND		
Case number				☐ Check if this is an
,				amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with Name, Number	whom you have the r, Street, City, State and ZIF	e contract or lease ^o Code	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	<u> </u>
2.2					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.3					
	Name				
	Number	Street			_
	City		State	ZIP Code	<u> </u>
2.4					
	Name				
	Number	Street			
	City		State	ZIP Code	<u> </u>
2.5					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	_

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Fill in this	information to identify your	case:			
Debtor 1	Austin Valentine				
D 14 0	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filir	ng) First Name	Middle Name	Last Name		
United Sta	tes Bankruptcy Court for the:	DISTRICT OF MARYLA	AND		
Officed Sta	tes bankruptcy Court for the.	DISTRICT OF WARTER	NIVD		
Case numb	ber				Charle William
(if known)					Check if this is an amended filing
					amonada ming
Official	l Form 106H				
Sched	lule H: Your Cod	lebtors			12/15
fill it out, a your name		boxes on the left. Attacl). Answer every question	n the Additional Page to	o this page. On the top	eded, copy the Additional Page, of any Additional Pages, write
	, ou (you are iming a joint oacc,	ao not not omnor opouco	ao a coaca.c	
■ No □ Yes	S				
Arizon _	hin the last 8 years, have you a, California, Idaho, Louisiana Go to line 3.				states and territories include
☐ Yes	s. Did your spouse, former spo	use, or legal equivalent live	e with you at the time?		
in line Form out Co	2 again as a codebtor only	if that person is a guarar	tor or cosigner. Make	sure you have listed the 6G). Use Schedule D, S	with you. List the person shown e creditor on Schedule D (Official schedule E/F, or Schedule G to fill ditor to whom you owe the debt
	Name, Number, Street, City, State and Z	IP Code		Check all schedules	
3.1				□ Cahadula D lina	
	Name			_ ☐ Schedule D, line ☐ Schedule E/F, lir	
				☐ Schedule G, line	
-	Number Street			_	
	City	State	ZIP Code		
3.2				☐ Schedule D, line	
	Name			☐ Schedule E/F, lir	
				☐ Schedule G, line	
-	Number Street			_	
	City	State	ZIP Code		

	in this information to identify your captor 1 Austin Valer										
	<u> </u>	ntine				_					
	otor 2 buse, if filing)					_					
Uni	ted States Bankruptcy Court for the	: DISTRICT OF MARYL	_AND								
	se number						Chec	k if this is:			
(If kr	nown)							n amende	_		
									ent showing as of the foll		
0	fficial Form 106I						_	IM / DD/ Y		ŭ	
S	chedule I: Your Inc	ome					101				12/15
sup spo atta	as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form.	are married and not filing wi	ng jointly th you, o	y, and your do not inclu	spouse i de infori	is liv matio	ing with on about	you, incl your spo	ude informa ouse. If mor	ation abo re space i	ut your is needed,
1.	Fill in your employment information.		Debto	r 1				Debtor 2	2 or non-fili	ng spous	se
	If you have more than one job,	Employment status	■ Employed				☐ Emple	oyed			
	attach a separate page with information about additional	Employment status	☐ Not employed				☐ Not employed				
	employers.	Occupation	Insurance Underwriter								
	Include part-time, seasonal, or self-employed work.	Employer's name	State	of Maryla	nd						
	Occupation may include student or homemaker, if it applies.	Employer's address	_	Loch Rave on, MD 21							
		How long employed to	nere?	5 years	.			_			
Pai	rt 2: Give Details About Mor	nthly Income									
spo	mate monthly income as of the dause unless you are separated.			· ·					•	·	J
	u or your non-filing spouse have mo e space, attach a separate sheet to		mbine th	e informatio	n for all e	emplo	yers for	that perso	on on the line	es below.	If you need
							For Deb	otor 1	For Debt non-filin	tor 2 or g spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly, or				2.	\$	4,	,751.00	\$	N/	<u>A</u>
3.	Estimate and list monthly overt	ime pay.			3.	+\$		0.00	+\$	N/	A

Official Form 106I Schedule I: Your Income page 1

\$ 4,751.00

N/A

4. Calculate gross Income. Add line 2 + line 3.

Debto	or 1	Austin Valentine	_	Case	number (if known)			
				For	Debtor 1		btor 2 or	
	Cop	by line 4 here	4.	\$	4,751.00	\$	N/A	
5.	List	t all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	958.00	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$_	332.00	\$	N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$_	100.00	\$	N/A	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	N/A	
	5e.	Insurance	5e.	\$	291.00	\$	N/A	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	N/A	
	5g.	Union dues	5g.	\$	0.00	\$	N/A	
	5h.	Other deductions. Specify:	5h.+	+ \$_	0.00	+ \$	N/A	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,681.00	\$	N/A	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	3,070.00	\$	N/A	
	List 8a.	t all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross						
		receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	N/A	
	8b.	Interest and dividends	8b.	\$_	0.00	\$	N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive		· —		·		
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	N/A	
	8d.		8d.	\$-	0.00	\$	N/A	
	8e.	Social Security	8e.	\$_	0.00	\$	N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.	\$	0.00	\$	N/A	
	8g.	Pension or retirement income	8g.	\$	0.00	\$	N/A	
	8h.	Other monthly income. Specify:	8h	+ \$_	0.00	+ \$	N/A	
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	N/A	
		culate monthly income. Add line 7 + line 9. If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$;	3,070.00 + \$_	l	N/A = \$;	3,070.00
	Incliothe Other	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not ecify:	deper	•	,	•	edule J. 11. +\$	0.00
		•						3.00
		If the amount in the last column of line 10 to the amount in line 11. The rest te that amount on the Summary of Schedules and Statistical Summary of Certallies					12. \$	3,070.00
							Combine	
13.	Do :	you expect an increase or decrease within the year after you file this form No. Yes. Explain:	1?				monthly	income
	ш	i oo. Explairi.						

Official Form 106l Schedule I: Your Income page 2

Eille	in this informa	tion to identify yo	our case.			_			
						6.1			
Deb	tor 1	Austin Valen	itine				eck if this is:	a	
Deb	tor 2						An amended filing	9 owing postpetition chapter	
	ouse, if filing)							of the following date:	
Unit	ed States Bankr	uptcy Court for the	: DISTRI	CT OF MARYLAND			MM / DD / YYYY		
_									
	e number nown)								
Of	ficial Fo	rm 106J							
Sc	chedule	J: Your	Exper	ses				12/15	5
Be info	as complete a ormation. If m nber (if know	and accurate as ore space is ne n). Answer ever	possible. eded, atta y questio	If two married people ch another sheet to th					
Par 1.	Descr Is this a join	ibe Your House	hold						_
•	No. Go to								
			in a conar	ate household?					
			iii a sepai	ate nousenoid:					
	□ N:	_	st file Offici	al Form 106J-2, <i>Expens</i>	ses for Separate House	ehold of De	ebtor 2.		
2.	Do you have	e dependents?	■ No						
	Do not list De Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent			Dependent's age	Does dependent live with you?	
	Do not state	the						□ No	
	dependents	names.						_ Pes	
								□ No	
								_ Yes	
								□ No	
								_ □ Yes □ No	
								☐ Yes	
3.		enses include		No				_ 🗖 103	
		f people other to d your depende		Yes					
Par		ate Your Ongoi							
exp								hapter 13 case to report of the form and fill in the	
				government assistanc					
	icial Form 10		a nave inc	luded it on Schedule I	: Your Income		Your ex	rpenses	
4.		or home owners		ses for your residence r lot.	. Include first mortgag	je 4.	\$	812.00	
	If not includ	led in line 4:							
	4a. Real e	estate taxes				4a.	\$	0.00	
		rty, homeowner's	s, or renter	's insurance		4a. 4b.		30.00	
	•	•		pkeep expenses		4c.		100.00	
		owner's associat				4d.	\$	173.00	
5.	Additional n	nortgage payme	ents for yo	our residence, such as	home equity loans	5.	\$	0.00	

tor 1	Austin Valentine	Case num	nber (if known)	
Utilit	ies:			
. Utilit 6a.	Electricity, heat, natural gas	6a.	\$	225.00
6b.	Water, sewer, garbage collection	6b.	\$	80.08
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.		250.00
6d.	Other. Specify:	6d.	\$	0.00
Food	I and housekeeping supplies	7.	\$	450.00
	dcare and children's education costs	8.	· -	0.00
	ning, laundry, and dry cleaning	9.		75.00
	onal care products and services	10.	· <u> </u>	75.00
	cal and dental expenses	11.		55.00
	sportation. Include gas, maintenance, bus or train fare.		<u> </u>	
	ot include car payments.	12.	\$	250.00
	rtainment, clubs, recreation, newspapers, magazines, and books	13.	\$	50.00
Char	itable contributions and religious donations	14.	\$	40.00
Insu				
	ot include insurance deducted from your pay or included in lines 4 or 20.			
15a.	Life insurance	15a.	\$	50.00
15b.	Health insurance	15b.	\$	0.00
15c.	Vehicle insurance	15c.	\$	100.00
15d.	Other insurance. Specify:	15d.	\$	0.00
	s. Do not include taxes deducted from your pay or included in lines 4 or 2	10.		
Spec	ify:	16.	\$	0.00
	Illment or lease payments:			
17a.	Car payments for Vehicle 1	17a.	\$	0.00
17b.	Car payments for Vehicle 2	17b.	\$	0.00
17c.	Other. Specify:	17c.	\$	0.00
17d.	Other. Specify:	17d.	\$	0.00
Your	payments of alimony, maintenance, and support that you did not re	port as	_	0.00
	icted from your pay on line 5, Schedule I, Your Income (Official Form	106I). 18.		0.00
	r payments you make to support others who do not live with you.		\$	0.00
Spec		19.		
	r real property expenses not included in lines 4 or 5 of this form or o			
	Mortgages on other property	20a.		0.00
	Real estate taxes	20b.	·	0.00
20c.	Property, homeowner's, or renter's insurance	20c.		0.00
	Maintenance, repair, and upkeep expenses	20d.		0.00
20e.	Homeowner's association or condominium dues	20e.	\$	0.00
Othe	r: Specify:	21.	+\$	0.00
Calc	ulate your monthly expenses			
	ulate your monthly expenses		•	0.045.00
	Add lines 4 through 21.	0610	\$	2,815.00
	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 1	U0J-2	Ψ	
22c.	Add line 22a and 22b. The result is your monthly expenses.		\$	2,815.00
Calc	ulate your monthly net income.			
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	3,070.00
	Copy your monthly expenses from line 22c above.	23b.	•	2,815.00
۷۵۵.	oopy your monthly expenses non-line 220 above.	230.	Ψ	2,013.00
23c	Subtract your monthly expenses from your monthly income.			
200.	The result is your <i>monthly net income</i> .	23c.	\$	255.00
For ex	ou expect an increase or decrease in your expenses within the year cample, do you expect to finish paying for your car loan within the year or do you expication to the terms of your mortgage?			rease or decrease because
	, , ,			
■ N				
□ Ye	es. Explain here:			